

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. 101606501	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	
1		1				51			
2	1		1			52			
3		—				53			
4	1		1			54			
5	1	1				55			
6	1		1			56			
7	1	—				57			
8		—				58			
9	1	1				59			
10	1	1				60			
11		—				61			
12	1	1				62			
13	3	3				63			
14		1				64			
15	—					65			
16		1				66			
17		1				67			
18		1				68			
19						69			
20						70			
21						71			
22						72			
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38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3	4				TOTAL IND.			
TOTAL DEP.	12	12	12			TOTAL DEP.			
TOTAL CLAIMS	15	16	16	16	16	TOTAL CLAIMS	15	16	